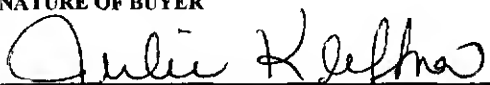
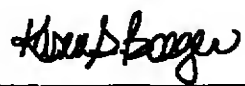




## NOTICE OF CONTRACT RENEWAL

State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

*MISC*  
*REFS 300349 01700042*

<b>CONTRACT NUMBER</b> CS170042004	<b>CONTRACT TITLE</b> Alternatives to Abortion Program Services
<b>AMENDMENT NUMBER</b> Amendment #001	<b>CONTRACT PERIOD</b> July 1, 2017 through June 30, 2018
<b>REQUISITION/REQUEST NUMBER</b> NR 886 DFA18000005	<b>SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID</b> 43161118100/MB00097920
<b>CONTRACTOR NAME AND ADDRESS</b> THE HAVEN OF GRACE 1225 WARREN ST LOUIS MO 63106	<b>STATE AGENCY'S NAME AND ADDRESS</b> Department of Social Services Division of Finance & Administration Svs 221 W High Street, Room 310, PO Box 1082 Jefferson City MO 65102-1082
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  Contract CS170042004 is hereby amended pursuant to the attached amendment #001, dated 08/14/17.	
<b>BUYER</b> Julie Kleffner	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:julie.kleffner@oa.mo.gov">julie.kleffner@oa.mo.gov</a> Phone: (573) 751-7656 Fax: (573) 526-9816
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 8-25-17
<b>DIRECTOR OF PURCHASING</b>  Karen S. Boeger	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 001  
CONTRACT NO.: CS170042004  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: THE HAVEN OF GRACE  
1225 WARREN  
ST LOUIS MO 63106

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
The Haven of Grace	MB00097920
MAILING ADDRESS	
1225 Warren Street	
CITY, STATE, ZIP CODE	
St. Louis, MO 63106	

CONTACT PERSON	hwinsby@havenofgracestl.org
Heather Winsby	
PHONE NUMBER	FAX NUMBER
314-621-6507	314-241-4913
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	August 14, 2017
PRINTED NAME	TITLE
Jo Curran	Interim Executive Director

**AMENDMENT #001 TO CONTRACT CS1700420004****CONTRACT TITLE:** Alternatives to Abortion Program Services**CONTRACT PERIOD:** July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicated in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 6	\$ 460,312.60	maximum annual total price
	(\$463,841.07)	

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

**NOTE:** The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.



Alternatives to Abortion  
Contract NO. CS170042004

Budget		Budget Narrative
Salaries & Wages	232,368.00	Director of Programs, Program Manager,
Benefits	29,378.00	Family Advocate, Therapist, 4 House
	261,746.00	Parents
<u>Direct Admin</u>		
Office Utilities	24,000.00	Electric, water, sewer, trash
Facility Insurance	26,880.00	Commerical Property, General Liability
Office Supplies	2,000.00	As Stated
Office Equip/Computers	5,440.00	Computers and furniture
Office Comm/Internet	4,800.00	phone and wifi
Office Rep/Maint	32,000.00	eterminating, lawn, irrigation, snow removal
Security	1,600.00	alarm system, cameras, monitoring
Staff Development	4,000.00	training
Accounting (Grant Assistance)	3,000.00	Accounting Services
IT & Technology	8,000.00	IT Services
Consulting (6 Mos.) (Interim ED)	6,000.00	As Stated
	117,720.00	
<u>Direct Program</u>		
Basic Needs/Baby	3,500.00	Diapers, wipes, carseats, cribs, hygeine products, clothes
Cable	2,000.00	Cable services and equipment
Grad/Milestone	3,200.00	Gifts/incentives for program completion
Monthly Outings	2,200.00	Educational and fun outings for shelter clients
Mental Health	2,000.00	assesments and ciriculum for life skills
Classroom Supplies	1,000.00	As Stated
Computer Lab	2,000.00	Client computer equipment
Transportation	4,500.00	Bus Tickets, taxi, car rentals
Furniture	1,000.00	Furniture for program needs
Food	16,000.00	Groceries for shelter residents
Household Supplies	5,500.00	Cleaning supplies, paper products
	42,900.00	
Total Salaries/Benefits	261,746.00	
Total Direct Adm	117,720.00	
	379,466.00	
10% Indirect	37,946.60	
Total Program	42,900.00	
Total Request	460,312.60	

## Reimbursement Request for Other Services

Subcontractor: \_\_\_\_\_

Date Enrolled'

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

***Please return to Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, Broadway State Office Building, 221 W. High St., Room 310, P.O. Box 1082, Jefferson City, MO 65102-1082. May be faxed to 573/751-7598 or emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov) by the Contractor only.***

Authorized person requesting purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved ☐ Denied ☐ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Missouri Office of Administration**

**A2A Quarterly Expenditure Report**

Agency: [Insert Agency Name]

Contract Number:

*Program Year July 1, 2017 - June 30, 2018*

**Revenue**

Revenue Request

**Federal (TANF)**

\$ -

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:

\$ -

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

**Total Indirect Administrative Costs**

\$ -

OR

**Option 2: 10% De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost

\$ -

10%

**Total Indirect Administrative Costs**

\$ -

**Direct Administrative Costs**

**Federal (TANF)**

Program Salaries and Wages

\$ -

Employee Benefits

\$ -

Employee Travel

\$ -

Employee Training

\$ -

Office Rent/Space

\$ -

Office Utilities

\$ -

Facility Insurance

\$ -

Office Supplies (under \$5,000)

\$ -

Equipment (Capitol Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ -

Office Repairs and Maintenance

\$ -

Contract/Consulting

\$ -

Other (list):

\$ -

(add other categories as needed)

\$ -

**Total Direct Administrative Cost**

\$ -

Less:

Equipment (Capital Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

**Modified Total Direct Administrative Cost**

\$ -

**Participant Services**

**Federal (TANF)**

Transportation

\$ -

Job Training

\$ -

Tuition Assistance

\$ -

Contracted Residential Care

\$ -

Utility Assistance

\$ -

Emergency Shelter

\$ -

Housing Assistance

\$ -

(add others as needed)

\$ -

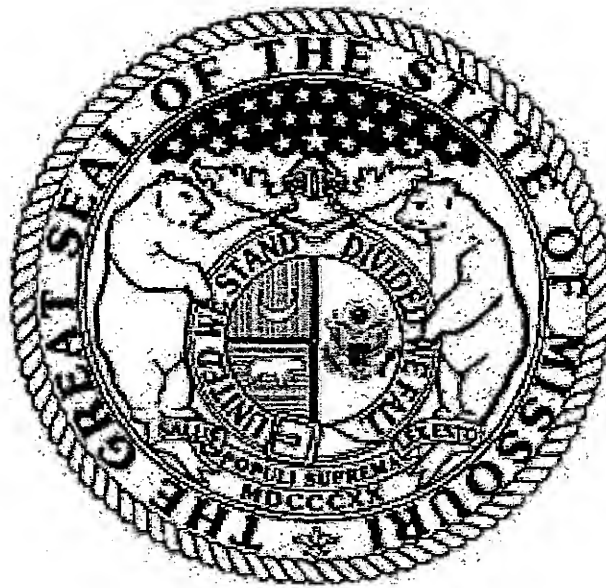
**Total Participant Costs**

\$ -

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of [Insert Agency Name]

Date



**State of Missouri**  
**OFFICE OF ADMINISTRATION**

Division of Purchasing  
Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

**Kleffner, Julie**

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, August 16, 2017 3:44 PM  
**To:** Kleffner, Julie  
**Subject:** FW: Alternatives to Abortion Program Services Agreement: Haven of Grace  
**Attachments:** CS170042004-002 (Haven of Grace - FY18) APPROVED 8-16-17.pdf

Please see attached.  
Thank you.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Wednesday, August 16, 2017 3:43 PM  
**To:** Morrison, Mary Ann  
**Subject:** RE: Alternatives to Abortion Program Services Agreement: Haven of Grace

Mary Ann,  
Please find attached the "APPROVED" budget for The Haven of Grace.

No changes were made to the original document received.

Thanks.

*Joy E Benne, Fiscal Administrative Mgr.*  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Tuesday, August 15, 2017 9:44 AM  
**To:** Benne, Joy  
**Subject:** FW: Alternatives to Abortion Program Services Agreement: Haven of Grace

Please review and advise if acceptable.  
Thanks.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS



Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie  
**Sent:** Tuesday, August 15, 2017 9:16 AM  
**To:** Morrison, Mary Ann  
**Subject:** FW: Alternatives to Abortion Program Services Agreement: Haven of Grace

Please review and advise if acceptable to proceed.

Thanks

---

**From:** Nicole Feltes [<mailto:NFeltes@havenofgracestl.org>]  
**Sent:** Monday, August 14, 2017 5:00 PM  
**To:** Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>  
**Cc:** Benne, Joy <[Joy.E.Benne@dss.mo.gov](mailto:Joy.E.Benne@dss.mo.gov)>; Jo Curran <[jcurran@havenofgracestl.org](mailto:jcurran@havenofgracestl.org)>; Heather Winsby <[HWinsby@havenofgracestl.org](mailto:HWinsby@havenofgracestl.org)>  
**Subject:** Alternatives to Abortion Program Services Agreement: Haven of Grace

Hello Ms. Kleffner,  
Please see attached documents and let me know if you have any questions.

Kindest Regards,

*Nicole Feltes*

Director of Programs

Office: 314-621-6507  
Cell: 314-323-8375

The Haven of Grace  
1225 Warren St.  
St. Louis, MO 63106

## mission

Serving women who are young, pregnant, and homeless, we provide a safe, nurturing home, educational programs and long-term support for mother and child. Founded in faith, we instill hope, dignity and the pride of independence, one family at a time.

# MEMORANDUM

Office of Administration  
Division of Purchasing

TO: Laura Ortmeyer

FROM: Julie Kleffner

DATE: July 19, 2017

RE: Renewal/Amendment to the Alternatives to Abortion Program Services Contracts

The Department of Social Services has requested the Alternatives to Abortion Program Services contracts, CS170042001 through CS170042009, be renewed with a funding increase pursuant to House Bill 11, section 11.120, lines 2 through 6. Pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, funds may increase at the time of renewal if funds are appropriated by the General Assembly.

The contracts are also being amended as follows:

1. The administrative responsibilities of the Alternatives to Abortion Program transferred from the Office of Administration to the Department of Social Services.
2. As a result of the transfer of administrative responsibilities, Attachment 3 is being revised to reflect the correct state agency.
3. Attachment 5 is being revised to reflect the appropriate contract period.

Due to the legislature including a rate increase in the Fiscal Year Budget via House Bill 11 (see attached) and is allowed by paragraph 2.12.3 b. of the contract, I am processing the renewal to the contracts allowing a price increase.

Additionally, 1 CSR 40-1.050 (8) states, "*Contracts awarded as the result of a competitive solicitation may be amended when such an amendment is in the best interest of the state and does not significantly alter the original intent or scope of the contract.*"

Therefore, since the intent and scope of the contract are not altered, I am proceeding to amend the contract as requested.

**Kleffner, Julie**

---

**From:** Benne, Joy  
**Sent:** Wednesday, July 19, 2017 3:42 PM  
**To:** Morrison, Mary Ann; Kleffner, Julie  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal  
**Attachments:** RE: A2A FY18 Funding

Please see the attached email from Laclede County Pregnancy Center stating they do not want the increased funding for FY18. Thanks

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:39 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In addition to response (2), Laclede County Pregnancy Support Center communicated with DSS they did not want the increased funding for FY18. Let me know if you need the documentation and I'll get it from the Program. Thanks.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:29 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

Thank you!

In response to (1), funding increase was based on HB 11, section 11.120 lines 2 through 6 minus 3% Governor's reserve on the general revenue portions (line 4) and per DSS upper management, line 6 funding amount was not included (if you need a copy of the HB, just let me know.

In response to (2), funding allocation approximate percentage was taken from section 3.3.2 of the RFP. This percentage was multiplied against the total funding allocation available for FY18 (HB11, section 11.120, lines 4 through 6) which gave the amount of funding for each of the 9 regions. Each region amount was based on # of awards made for each region as outlined in subsection of 3.3.2. Determination on who received the highest percentage is based on ranking from the evaluation process.

Please let me know if there is any additional information needed.

**Mary Ann Morrison, Procurement Officer II**

DSS/DFAS

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie

**Sent:** Wednesday, July 19, 2017 1:05 PM

**To:** Morrison, Mary Ann

**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

I will get something drafted for your review.

Please provide (1) an explanation (e-mail/memo) explaining why funds have increased and (2) an explanation how funding for each contractor was determined for inclusion in the contract file.

Thank you

---

**From:** Morrison, Mary Ann

**Sent:** Wednesday, July 19, 2017 12:50 PM

**To:** PURCHMAIL <[purchmail@oa.mo.gov](mailto:purchmail@oa.mo.gov)>; Ortmeier, Laura <[Laura.Ortmeier@oa.mo.gov](mailto:Laura.Ortmeier@oa.mo.gov)>; Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>

**Subject:** NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In reference to NR 886 DFA18000005, please renew Alternatives to Abortion contracts/ CS170042001-009. The attached backup documentation includes the amendment verbiage, updated attachments and FY18 budget amounts for each contract (column I).

Prior to sending out for signature, please provide a copy of the amendment for program review.

Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**

Missouri Department of Social Services

Division of Finance & Administrative Services

615 Howerton Court

P.O. Box 1643

Jefferson City, MO 65102-1643

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

**Confidentiality Notice:** This electronic communication is from the Missouri Department of Social Services (DSS), Division of Finance & Administrative Services, and is only intended for its addressee. This communication may contain information that is privileged, confidential or otherwise protected from disclosure by law and/or DSS policy. If you are not the intended recipient, or the employee or agency responsible for delivering this information to its recipient, do not copy, circulate, forward or otherwise disclose this document. If you have received this message in error, please notify the sender immediately by return email at [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov) or by phone at 573-526-3433.

**Kleffner, Julie**

---

**From:** Abigail Chisom <abigail@psclebanon.org>  
**Sent:** Tuesday, July 18, 2017 12:23 PM  
**To:** Benne, Joy  
**Subject:** RE: A2A FY18 Funding

Hi Joy,  
Since things have changed with the maternity home funding method we haven't used as much funding. I think we better stay with our original amount at this time so the money can be put to good use elsewhere.  
Thank you,

Abigail Chisom  
Assistant Director  
Laclede County Pregnancy Support Center  
417-532-8555

---

**From:** Benne, Joy [mailto:Joy.E.Benne@dss.mo.gov]  
**Sent:** Tuesday, July 18, 2017 11:57 AM  
**To:** 'Abigail Chisom'  
**Subject:** A2A FY18 Funding

Abigail,  
Question for Laclede County Pregnancy Support Center....For FY2018 the A2A program was given additional funding. Would Laclede County Pregnancy Support Center be able to spend the extra funding in FY2018 if awarded?

We are possibly looking at more than what was stated for maximum annual total price on the contract award page from OA. DSS wants to make sure everyone can use the extra funding without lapsing any.

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310  
P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 001  
CONTRACT NO.: CS170042004  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: THE HAVEN OF GRACE  
1225 WARREN  
ST LOUIS MO 63106

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
The Haven of Grace	MB00097920
MAILING ADDRESS	
1225 Warren Street	
CITY, STATE, ZIP CODE	
St. Louis, MO 63106	

CONTACT PERSON	hwinsby@havenofgracestl.org
Heather Winsby	
PHONE NUMBER	FAX NUMBER
314-621-6507	314-241-4913
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	August 14, 2017
PRINTED NAME	TITLE
Jo Curran	Interim Executive Director

**AMENDMENT #001 TO CONTRACT CS1700420004****CONTRACT TITLE:** Alternatives to Abortion Program Services**CONTRACT PERIOD:** July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicated in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 6	\$ 460,312.60	maximum annual total price
	( <i>\$463,841.07</i> )	

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

**NOTE:** The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.





Alternatives to Abortion  
Contract NO. CS170042004

**Budget**

Salaries & Wages  
Benefits

232,368.00 Director of Programs, Program Manager,  
29,378.00 Family Advocate, Therapist, 4 House  
261,746.00 Parents

**Budget Narrative**

Direct Admin

Office Utilities	24,000.00	Electric, water, sewer, trash
Facility Insurance	26,880.00	Commerical Property, General Liability
Office Supplies	2,000.00	As Stated
Office Equip/Computers	5,440.00	Computers and furniture
Office Comm/Internet	4,800.00	phone and wifi
Office Rep/Maint	32,000.00	eterminating, lawn, irrigation, snow removal
Security	1,600.00	alarm system, cameras, monitoring
Staff Development	4,000.00	training
Accounting (Grant Assistance)	3,000.00	Accounting Services
IT & Technology	8,000.00	IT Services
Consulting (6 Mos.) (Interim ED)	6,000.00	As Stated
	<u>117,720.00</u>	

Direct Program

Basic Needs/Baby	3,500.00	Diapers, wipes, carseats, cribs, hygeine products, clothes
Cable	2,000.00	Cable services and equipment
Grad/Milestone	3,200.00	Gifts/incentives for program completion
Monthly Outings	2,200.00	Educational and fun outings for shelter clients
Mental Health	2,000.00	assesments and ciriculum for life skills
Classroom Supplies	1,000.00	As Stated
Computer Lab	2,000.00	Client computer equipment
Transportation	4,500.00	Bus Tickets, taxi, car rentals
Furniture	1,000.00	Furniture for program needs
Food	16,000.00	Groceries for shelter residents
Household Supplies	5,500.00	Cleaning supplies, paper products
	<u>42,900.00</u>	

Total Salaries/Benefits	261,746.00
Total Direct Adm	<u>117,720.00</u>
	379,466.00
10% Indirect	37,946.60
Total Program	<u>42,900.00</u>
Total Request	<u>460,312.60</u>

Revised 08/17/15

NR 886 OFA 18000005

<b>1. Indicate Contract Amendment Type</b>							
RENEWAL: <u>1</u>		PERIOD OF <u>3</u>		TOTAL			
<input type="checkbox"/> Renewal - % Increase		<input type="checkbox"/> Cost Savings		Performance Security Deposit:		\$ _____	
<input type="checkbox"/> Renewal - \$ Increase		<input type="checkbox"/> Cost Savings		Surety Bond:		\$ _____	
<input type="checkbox"/> Renewal - W/O Increase				Annual Wage Order Number:		_____	
<input type="checkbox"/> SFS Renewal - Prices In Original Contract				Annual Wage Order Date:		_____	
<input type="checkbox"/> SFS Renewal - Prices Not in Original Contract				County(ies):		_____	
<b>EXTENSION PERIOD:</b>							
<input type="checkbox"/> Extension - 30-Day							
<input type="checkbox"/> Termination							
<input type="checkbox"/> Extension - \$ Increase		<input type="checkbox"/> Cost Savings		Other Instructions: _____			
<input type="checkbox"/> Extension - W/O Increase							
<input type="checkbox"/> Assignment							
<input type="checkbox"/> Cancellation/Termination							
<input checked="" type="checkbox"/> Other Amendment							
<b>2. Preliminary Tasks/Verifications</b>							
A. Section 34.040.6, RSMo				Buyer/Section Support		<u>DT</u> 7-31-17	
B. Purchasing Suspension List				Buyer/Section Support		<u>DT</u> 7-31-17	
C. Federal Suspension - SAM.GOV				Buyer/Section Support		<u>DT</u> 7-31-17	
D. Labor Stds - OA/FMDC Contractor Debarment Lists				Buyer/Section Support			
E. Review of Participation Commitment Attainment - If app, Verify Receipt of 1 <sup>st</sup> Renewal - Blind/Shel Wkshp Affdvt				Buyer			
F. SFS Review/Justification - Insert Advertising Date, if applicable				Buyer			
<b>3. Prepare Contract Amendment</b>				Buyer/Section Support		<u>DT</u> 7-31-17	
<b>4. Review/Approve Contract Amendment (If Signature Required)</b>				Buyer		<u>OK</u> 7-31-17	
Initial	Supervisor	Section Manager	Lo	Asst Director	Director		
Date			8/1/17				
<b>5. E-Mail/Fax Contract Amendment (If Signature Required)</b>				Buyer/Section Support		<u>DT</u> 8-1-17	
Contractor E-Mail Address/Fax Number				avent@havenofgraces+1.org			
State Agency Contact E-Mail Address				Mary Ann Morrison			
Section 34.040.6, RSMo, Letter				Follow-Up Notes:			
<b>6. Review Contract Amendment Response - Verifications</b>							
A. Renewal/Extension Pricing				Buyer/Section Support			
B. Section 34.040.6, RSMo				Buyer/Section Support			
C. Performance Security Deposit/Surety Bond				Buyer/Section Support			
D. Renewal/Extension with Cost Savings Language				Buyer			
E. Statewide Notice				Buyer			
F. SFS Authorized Limit \$				Buyer			
<b>G. Contract Assignment Only Verifications - Complete unless completed in Step 2 above.</b>							
1. E-Verify Exhibit/Affidavit/Documentation				Buyer/Section Support			
2. Assignment and Consent Form				Buyer/Section Support			
3. Purchasing Suspension List				Buyer/Section Support			
4. Federal Suspension - SAM.GOV				Buyer/Section Support			
5. Labor Stds - OA/FMDC Contractor Debarment Lists				Buyer/Section Support			
<b>7. Prepare Contract Amendment Award Document/Statewide Notice</b>				Buyer/Section Support		<u>DT</u> 8-22-17	
<b>8. Review/Approve Contract Amendment Award Document</b>				Buyer		<u>OK</u> 8-22-17	
Initial	Supervisor	Section Manager	Lo	Asst Director	Director		
Date			8/22/17				
<b>9. Process Contract Amendment</b>				Buyer/Section Support		<u>DT</u> 8/25/17	
AM 300 PMM 00076387 m				Buyer/Section Support		<u>DT</u> 8/25/17	
Distribute E-Verify & SDV Documents				Buyer/Section Support			
E-Mail/Fax NOA to Contractor/Assignee & Agency Contact				Buyer/Section Support		<u>DT</u> 8/25/17	
Copy/Save As Statewide Notice to Internet Folder				Buyer/Section Support			
<b>10. Log Participation Commitment Information</b>				Central Support-Participation			
<b>11. Image Contract Amendment Packet</b>				Central Support-Imaging		<u>DT</u> 9-13	